

1 JOINT HEARING ON RECEIVE THE LEGISLATIVE PRESENTATIONS  
2 FROM NASDVA, FRA, GSW, BVA, JWV, MOPH, AND MOAA

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4 TUESDAY, MARCH 12, 2019

5 United States Senate,  
6 Committee on Veterans' Affairs,  
7 House of Representatives,  
8 Committee on Veterans' Affairs,  
9 Washington, D.C.

10 The Committees met, pursuant to notice, at 10:00 a.m.,  
11 in Room SD-G50, Dirksen Senate Office Building, Hon. Johnny  
12 Isakson and Hon. Mark Takano, Chairmen of the Committees,  
13 presiding.

14 Senators Present: Senators Isakson, Boozman, Rounds,  
15 Sullivan, Blackburn, Tester, Brown, Blumenthal, and Sinema.

16 Members Present: Representatives Takano, Lamb, Rose,  
17 Brindisi, Cisneros, Lee, Underwood, Cunningham, Pappas,  
18 Allred, Sablan, Roe, and Bost.

19 OPENING STATEMENT OF CHAIRMAN ISAKSON

20 Chairman Isakson. I call the Veterans' Affairs  
21 Committee to order.

22 It looks like a lot of us are not here, and that is the  
23 way you should judge it. But we are coming fast, so just  
24 hang on. You are not going to be stuck with me for the  
25 whole day. We will get some others here in a few minutes.

1 There is some on the way.

2 Chairman Roe--or last year's chairman, Chairman Roe,  
3 from the House is on the way. Mr. Tester from Montana will  
4 be here shortly, and Mr. Takano from the House, the  
5 Chairman, will be here as well.

6 So I will start out, and when they come in, we will  
7 continue. And we start to ask members as we speak, which is  
8 great. Welcome. Glad to have you.

9 Let thank all of you for being here today. This is the  
10 fifth, I believe--is that right, Adam?--hearing. It is our  
11 fifth hearing. We have heard from a lot of vets. We had  
12 not heard from you. There is an old saying if everybody has  
13 heard everything that had to be said, everybody has not said  
14 it, but I am sure we are going to learn some things new here  
15 from you today. And we appreciate your being here.

16 For the benefit of the audience that is here, as well  
17 as each of the representatives that are here, we sent a  
18 letter to every VSO explaining that if we had a hearing for  
19 each individual VSO, we would be meeting into the month of  
20 April. And it would be impossible to do our work. So we  
21 consolidated a couple of them, and yours is one of them.

22 But everybody was asked to submit their testimony in  
23 writing, and that is being included for the record as well.  
24 So anybody who is interested in the positions of your  
25 representation and your group will be able to get it from

1 the offices, from our Committee office and from the Senate.

2       You are very important, each one of you, to us. The  
3 United States of America is a great country for a lot of  
4 reasons but none greater than its veterans, those who  
5 volunteered, risk their lives for the people of the United  
6 States of America and for all of us here.

7       We know on this Committee, House and Senate. We are a  
8 bipartisan committee, and I can speak for the House because  
9 I know the exact numbers. We passed everything last year  
10 almost unanimously, with one dissenting vote, on the MISSION  
11 Act. That was pretty good for a committee almost equally  
12 divided with Republicans and Democrats, but we do not think  
13 there were any Republicans on the battlefield or Democrats  
14 of the battlefield. They were Americans on the battlefield.  
15 So we do not discriminate based on what you joined and what  
16 uniform you wore, how old you were, the color of your skin  
17 or anything else. We pay honor to those who risked their  
18 lives for the United States of America and the people.

19       And one thing I want to make sure we do is that the  
20 benefits that you are entitled to when you enlisted, that  
21 you get those benefits in as least cumbersome way as  
22 possible and as timely a way as possible.

23       We all know that the MISSION Act, which we passed this  
24 past year, was primarily focused on getting our problems  
25 with the Choice in the VA out, getting Choice meaningful for

1 private or VA providers, making it work in a seamless  
2 fashion for each of you.

3 I want to underscore you--and every chairman has said  
4 this in every meeting. So I am speaking for all four of us,  
5 the "four corners," as we call it. We have no interest in  
6 privatizing the VA; we have every interest in making the VA  
7 the best health care it can possibly be.

8 [Applause.]

9 Chairman Isakson. He always comes in when the clapping  
10 starts.

11 [Laughter.]

12 Chairman Isakson. Those people from Tennessee, I will  
13 tell you.

14 But, anyway, we have all stated that when it has been  
15 our turn to testify in every one of these hearings, but we  
16 also know that there is no way you can have good quality  
17 health care available to every single veteran without using  
18 the empowerment of the private sector, and that is what  
19 Choice does. If you cannot get to a caregiver or if there  
20 is a specialty you cannot get to reasonably accessible, you  
21 pick one that is.

22 And we are getting those access standards being done  
23 now. In fact, the access standards to private care was just  
24 released by the VA a couple days ago for talking points,  
25 which we will be testifying on shortly, and they are aimed

1 to make it easier, faster, and more efficient for you to do  
2 that. And we are aimed at seeing to it that providers do  
3 the same, and TriWest is going to be doing our placement on  
4 that too as well. And we have told them in no uncertain  
5 terms that speed and efficiency and good care are the  
6 absolute requirements of everything.

7       We want to measure the VA's health care based on  
8 quantity and quality, not just quantity, but quantity and  
9 quality. We want to make sure you get the best care, make  
10 sure it is readily available so you do not have to wait on  
11 it.

12       You have all risked your life for us or put your life  
13 on the line for us. There is nothing we can do but see to  
14 it you get all the benefits that are there to do so.

15       So I am pleased to welcome all of you here today to  
16 Washington. I appreciate you coming and sharing your time.

17       The way we will operate is I am going to introduce the  
18 other members of the four corners of the Chairs and Ranking  
19 Members to make an opening statement, and then we will go to  
20 the members for questions after the opening remarks are  
21 going to be made.

22       The opening remarks are going to be made by--I guess  
23 each one of you are going to make remarks about your  
24 particular group. Is that right? Is that what we are going  
25 to do? Yeah. So each one of you will be prepared. Those

1 remarks will be limited to a maximum of 5 minutes.

2 I can tell you, the Veterans of Foreign Wars, I did not  
3 pull the rug on him. I told him he had 5 minutes; he took  
4 12. But he was a little guy that looked mean, so I did not  
5 want to have a mad veteran.

6 [Laughter.]

7 Chairman Isakson. But there are too many of you all to  
8 do that. So you all are going to have to adhere to our 5-  
9 minute rule, or I am going to have to rap the gavel, not  
10 because I want to be rude but because we have got a lot to  
11 do, and we want everybody to get their fair time.

12 So, with that said, let me go to the Ranking Member of  
13 the Veterans Affairs' Committee in the United States House,  
14 the gentleman from Tennessee, Dr. Roe.

15 OPENING STATEMENT OF DR. ROE

16 Dr. Roe. Thank you, Mr. Chairman. I will be brief.

17 There are some special guests here. Any Tennesseans in  
18 the room? Anybody here make it from Tennessee?

19 [No response.]

20 Dr. Roe. There are some special guests. Our TAPS kids  
21 are here, and I want them to stand up: Lizzy Yeagy  
22 [phonetic], Chris Friarson [phonetic], and Jonathan Langford  
23 [phonetic]. If you guys would stand up in the back. Let us  
24 give them a hand.

25 [Applause.]

1 Dr. Roe. Thank you all for being here.

2 In the last Congress--and I want to go very quickly  
3 over what we did in the last Congress and really turn the  
4 floor over to you all--as the Chairman had said, it was  
5 really a historic Congress as far as the VA was concerned.

6 We passed the Accountability and whistleblower  
7 protection bill. We passed the Forever GI bill. And I  
8 think one of the things that we all--I do not care whether  
9 you are a Senator or a Congressman--appeals reform was  
10 incredibly needed because we all saw appeals that went out  
11 for disabilities for years, and many veterans died waiting  
12 on those appeals to get adjudicated.

13 About 3 weeks ago, we have gone live with the new  
14 appeals program. We hope that that stops that.

15 As the Chairman said, we passed really a transformative  
16 bill in the VA MISSION Act, and the Chairman is absolutely  
17 right. What this Congress wants is the veteran to get top-  
18 quality care wherever they receive it.

19 I just saw the President's ask in the budget, which is  
20 a 7.5 percent increase per year for the VA, which is really  
21 remarkable.

22 From the time I got here in 2009, the VA through its  
23 three components--the cemeteries, disability, and health  
24 care--it was \$97.5 billion. That number the President asked  
25 for this year was \$220 billion. So he has really kept his

1 word to look after America's heroes.

2       The one last thing I want to say, a bill very near and  
3 dear to my heart, which really have been working on for 10  
4 years is the Blue Water Navy bill. We need to get that  
5 across the finish line.

6       The House passed it 382 to zero. The Chairman and  
7 Ranking Member on the Senate side worked very hard to get  
8 that bill done. I want to thank them for their help. We  
9 are going to bring it back again, and we are going to pass  
10 it in the House again. And I feel sure this time that the  
11 Senate will get that passed.

12       I appreciate all of you all, who you represent. I  
13 appreciate you being here, and I yield back my time.

14       Chairman Isakson. Thank you very much, Dr. Roe.

15       Until the other two members of the four corners, Mr.  
16 Takano and Mr. Tester, come, we will introduce them later on  
17 in the program because I want to go right to you all. You  
18 all are on time and ready, so we are going to go to you.  
19 That is the way the military does everything. There, the  
20 NCO there, this officers group, you and I are the NCOs, so  
21 we will get things done around here. That is the way it  
22 works in the military; it is the way it is going to work on  
23 this Committee.

24       Thank you all for being here, and we have for the  
25 audience knowledge--wait. I want to introduce Mr. Alvarado-



1 Ramos.

2 Is that correct? Did I do that right? I mean madam.

3 Madam Ramos. I am sorry if I said--

4 Mr. Washington from the Fleet Reserve Association.

5 Ms. Wenum, president of the Gold Star Wives of America.

6 God bless you, darling. You look great in that gold.

7 Dr. Zampieri, national president of the Blinded  
8 Veterans Association, and I met you earlier. Thank you for  
9 being here today, and the information you gave me, I  
10 appreciate it very much.

11 Dr. Schneider, commander of the Jewish War Veterans.

12 Mr. Greenlaw, commander of the Military Order of the  
13 Purple Heart. Thank you, sir. It is an honor to be with  
14 you.

15 And Ms. Campos, senior director of the Military  
16 Officers Association of America. Thank you, ma'am, for  
17 being here.

18 So I am going to go directly to each one of you to make  
19 your statement, and then we will do questions. Keep it  
20 strictly to 5 minutes, please, because time is of the  
21 essence in this.

22 We will start with Ms. Alvarado-Ramos.

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1           STATEMENT OF ALFIE ALVARADO-RAMOS, DIRECTOR,  
2           NATIONAL ASSOCIATION OF STATE DIRECTORS OF  
3           VETERANS AFFAIRS

4           Ms. Alvarado-Ramos. Chairman Isakson, members of the  
5 Joint Committee, my name is Lourdes, or Alfie, Alvarado-  
6 Ramos, president of the National Association of State  
7 Directors of Veterans Affairs, NASDVA. I am also the  
8 director of the Washington State Department of Veterans  
9 Affairs.

10          NASDVA is comprised of the Veterans Affairs' chief  
11 executives in all 50 States, the District of Columbia,  
12 America Samoa, Guam, Mariana Islands, Virgin Islands, and  
13 the Commonwealth of Puerto Rico.

14          We are the single organization outside of VA that  
15 represents the Nation's 19 million veterans, contributing  
16 more than \$10 billion annually in services to veterans and  
17 their families.

18          VA Secretary Wilkie and I signed a memorandum of  
19 agreement on behalf of both organizations last month. It  
20 outlines our partnership in direct services to our veterans  
21 and their families. We fully intend to exercise that  
22 agreement in order to address many of the recommendations  
23 made in our written testimony.

24          I would like to highlight a few of those. NASDVA fully  
25 supports efforts to increase veterans' access to health care

1 under the MISSION Act. We do not support wholesale  
2 privatization.

3 Also, to meet the demands of the 21st century veteran,  
4 we are prepared to assist the VA with the electronic health  
5 record modernization. Failure is not an option for this  
6 multibillion project. The States are positioned to educate,  
7 promote, and provide VA with timely feedback for the success  
8 of this mission.

9 We recommend and will be working with VA on the  
10 following. First, for suicide prevention and awareness, we  
11 want to create outreach block grants to States to address  
12 shortfalls and improvements on suicide prevention outreach.  
13 States are in a better position and closer to the vulnerable  
14 veterans who need help.

15 Second, to properly serve the growing population of  
16 women veterans, the planning, renovating, and staffing of  
17 women veterans' clinics needs to be consistent across the  
18 country, which right now it is not.

19 Third, for Veteran Treatment Courts, we recommend  
20 increased multiyear funding grants to aid judicial districts  
21 in the establishment and sustainment of this life-changing  
22 program.

23 Fourth, following catastrophic events such as the  
24 hurricanes in Puerto Rico and the Virgin Islands, VA needs  
25 to establish provisions to care for all veterans in VA

1 facilities, regardless of service connection.

2 Fifth, we along with the National Association of State  
3 Veterans Homes recommend two critical additions to the VA  
4 Veterans Home Per Diem Grant program. First, VA needs to  
5 evaluate the implementation of a new assisted living level  
6 of care to serve veterans unable to thrive at home, and  
7 second, to operate critically needed psychiatric beds, we  
8 recommend an increase in the per diem reimbursement that  
9 reflects the intensity of the staffing that they require.

10 Six, for the 2020 budget, we recommend the following  
11 levels of funding for the two large grants programs that  
12 impact the States--Veterans Home Construction Grant from \$90  
13 million--that is the recommended--to \$250 million and the  
14 Cemetery Construction Grant from 45- to \$50 million.

15 Other areas of consideration are increasing outreach to  
16 rural Native American and Alaska Native veterans. Next,  
17 revisiting the State approving authority agencies total  
18 requirement allocation model to ensure States have the  
19 resources to adequately apply auditing standards, and this  
20 is for GI Bill implementation. Resolving the Department of  
21 Labor's resistance to governors appointing their agency of  
22 choice to administer the Department of Labor Vets Grant  
23 program, and also, we urge Congress to intervene with the  
24 Department of Commerce to obtain veteran information the  
25 2020 Census short form.

1        Finally, the emotional, physical, economic wellness of  
2 the families is paramount to veterans' quality of life.  
3 NASDVA recognizes the critical role families play in the  
4 veteran life cycle. We have spent billions of dollars to  
5 provide care to our veterans, but if the family is not well,  
6 then the veteran reaching his or her maximum potential will  
7 be compromised, resulting in the waste of precious  
8 resources.

9        We not only support but are in a great position to work  
10 with Congress, VA, other Federal and State agencies to  
11 ensure that veterans' families receive counseling,  
12 employment opportunities, and other safety nets.

13        Mr. Chairman and members of the Committee, thank you  
14 for your work on behalf of our Nation's veterans and their  
15 families and for including the National Association of State  
16 Directors of Veterans Affairs in this hearing.

17        [The prepared statement of Ms. Alvarado-Ramos follows:]

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1 Chairman Isakson. Very well. I paid close attention.  
2 She only went 7 seconds over. She deserves a round of  
3 applause.

4 [Applause.]

5 Chairman Isakson. Anybody that exceeds that is going  
6 to have to sit in this penalty box somewhere later in the  
7 morning.

8 [Laughter.]

9 Chairman Isakson. Great job, Ms. Alvarado-Ramos. We  
10 appreciate it very much.

11 Ms. Alvarado-Ramos. Thank you, sir.

12 Chairman Isakson. Mr. Robert Washington, national  
13 president, Fleet Reserve Association.

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1                   STATEMENT OF ROBERT WASHINGTON SR., NATIONAL  
2                   PRESIDENT, FLEET RESERVE ASSOCIATION

3           Mr. Washington. Chairman Takano, Chairman Isakson,  
4 Ranking Members, and members of the Committee, good morning.  
5 My name is Robert Washington. I am national president for  
6 the Fleet Reserve Association and the first African American  
7 to hold this position.

8           Behind me is Donna Jansky, a Navy veteran also, and she  
9 is the first woman national vice president of the  
10 association.

11          I am a retired Navy senior chief, having served for  
12 over 26 years in Naval service. I am honored to represent  
13 the concerns of the oldest sea service association that has  
14 been around for over 94 years.

15          Today, many issues are at hand. I will address our top  
16 five in the time allotted and their relevance to the FRA.  
17 They are Blue Water Navy, VA claims filing and backlog,  
18 Choice program, veterans suicide, and women veterans'  
19 health.

20          We, like you, are deeply troubled by the continued lack  
21 of passage of the Blue Water Navy Vietnam Veterans Act of  
22 2017.

23          We sincerely thank Representative Phil Roe and Mark  
24 Takano for their tenacity and leadership in last year's  
25 House vote of 382 to zero. However, sadly, the Senate did

1 not.

2 FRA deeply appreciates the House Chairmen and Ranking  
3 Members' quick reintroduction of the same bill in the 116th  
4 Congress.

5 Past VA policies permitted servicemembers to file  
6 claims if awarded the Vietnam Service Medal or the Vietnam  
7 Campaign Medal. However, in 2001, the VA implemented a  
8 boots-on-the-ground determination, which continues to limit  
9 the Agent Orange presumption allowance for the veterans who  
10 serve on ships off the coastal waters of Vietnam. It is  
11 still unclear from recent court litigation where the next  
12 step will be for Blue Water Navy veterans.

13 A recent modification introduced by Chairman Takano is  
14 a positive motion forward on behalf of these veterans.  
15 These initiatives strengthen continued awareness for  
16 eligibility status for the service-related VA medical and  
17 disability benefits.

18 Mr. Chairman, the VA Secretary, under his authority,  
19 has always had the authority to make this happen; however,  
20 still has not elected to do so.

21 Today, many of these veterans are senior citizens and  
22 can continue to hope for the earned benefit from those  
23 presumptive measures. Sadly, many will never have the  
24 choice to claim because they have already passed away or  
25 choose suicide as a result to ease their pain.



1 FRA concurs with the President's recently announced  
2 initiative on this epidemic. FRA appreciates the efforts of  
3 both Committees to meet the challenges of the VA Choice  
4 program. The Choice program is the capstone model for our  
5 veterans health care. Agreeably, it will require measurable  
6 oversight to accomplish the desired effectiveness.

7 FRA is especially thankful to the Congress for  
8 expanding the VA caregiver program to include all  
9 catastrophically disabled veterans.

10 FRA continues to be deeply agitated over our veterans'  
11 suicide rate. Recent suspended spending measures taken on  
12 by the VA clearly demonstrates a lack of comfort in  
13 decreasing these destructive behaviors.

14 FRA applauds Chairman Mark Takano's aggressive action  
15 of a new but a well overdue congressional task force in  
16 addressing women and veterans' health care.

17 The association greatly supports the needed gender-  
18 specific medical and mental health access that will also  
19 require--is also unique to the needs of women servicemembers  
20 and transitioning veterans.

21 Many women feel challenged going into a VA facility  
22 because of a climate of vulnerability that could enhance  
23 already associated anxieties, physical and emotional traumas  
24 from military, sexual trauma, and PTSD.

25 FRA looks forward to working with the Committee and the

1 task force to help women veterans, especially with our  
2 growing female membership and future leaders.

3       On a positive note, the VA is making progress in the  
4 disability claims backlog but has a long way to go. The  
5 backlog may be down; however, appeals have spiked. FRA  
6 supports the Express Appeals Act passed in 2017 to speed up  
7 the appeals process that remains way too long. We hope bill  
8 passage will reduce the waiting times. Someone once said  
9 justice delayed is justice denied. That also holds true for  
10 disability claims.

11       In closing, Chairmen Takano and Isakson, Ranking  
12 Members, and Committee members, all of these concerns should  
13 not add to the frustration of veterans. We thank you again  
14 for your leadership and direction on behalf of veterans and  
15 await your questions and comments.

16       [The prepared statement of Mr. Washington follows:]

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1 Chairman Isakson. Well, thank you very much, and  
2 before we go to the next speaker, just so everybody else  
3 knows this, on the Blue Water Navy question, Chairman Roe  
4 and Chairman Takano did a fantastic job in the House, did a  
5 fantastic job.

6 The Senate, in the end, rallied. We got within two  
7 votes of getting it out of the Senate. We only had two  
8 objections, but we did have two objections. I think those  
9 objections are working their way off. The decision by the  
10 courts was 9 to 2. Whether or not the VA appeals that  
11 decision is yet to be known, and I am told--this is no  
12 authoritative statement whatsoever. Nobody can write or  
13 quote me on this, this thing is going to happen, but it is  
14 very difficult to see that being overturned, a 9-to-2 margin  
15 being that strong.

16 That being the case, I think the Blue Water Navy will  
17 in fact get done this year. I do not see a major obstacle  
18 in terms of members of the Senate to cause something to  
19 happen. It could turn. Something could change, but the way  
20 we finished last year, I think that is the way it will be.

21 And I appreciate you bringing that up, and I want to  
22 let everybody know the same thing so we do not have to waste  
23 some of your time on redoing another subject one more time.

24 With that said, Crystal Lynn Wenum, welcome.

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1                   STATEMENT OF CRYSTAL LYNN WENUM, NATIONAL  
2                   PRESIDENT, GOLD STAR WIVES OF AMERICA

3           Ms. Wenum. Chairman Isakson, Chairman Takano, Ranking  
4 Member Tester, Ranking Member Roe, and distinguished members  
5 of both the Senate and House Committees on Veterans'  
6 Affairs, I am pleased to be here today to testify on behalf  
7 of the Gold Star Wives of America to share our legislative  
8 priorities.

9           My name is Crystal Wenum, and I am the widow of Staff  
10 Sergeant James O. Wenum, a Vietnam veteran who served during  
11 the Tet Offensive. He died on May 8, 1982, leaving me to  
12 raise 5- and 3-year-old children. His death was determined  
13 to be service-related 2 years later, and I joined Gold Star  
14 Wives that year.

15          But in addition to being a Gold Star Wife, I am also a  
16 Gold Star Daughter. My father was killed in action at the  
17 Chosin Reservoir in Korea on November 29, 1950. My mother  
18 was 6 months pregnant with me and had a 1-year old son at  
19 the time. My mother joined Gold Star Wives in 1951, and I  
20 have literally grown up with this wonderful organization. I  
21 have remained active with Gold Star Wives, and I am proud to  
22 now be its national president.

23          Gold Star Wives is grateful for all the public laws  
24 that have been passed in the years since 1946. These laws  
25 provide much needed benefits for surviving spouses and

1 children of our military service members.

2 My testimony today will be addressing some of the  
3 inequities and concerns that currently exist.

4 Dependency and indemnity compensation. "To care for  
5 him who have borne the battle and for his widow and orphan."  
6 These words from Abraham Lincoln's Second Inaugural Address  
7 in 1865 succinctly state the sacred promise our country has  
8 made to our veterans and survivors.

9 The VA stated in September 2018 that there are 394,028  
10 surviving spouses who receive DIC. The flat monthly rate  
11 has not been increased except for cost-of-living  
12 adjustments, since 1993. When DIC is compared to payments  
13 to surviving spouses of other Federal employees, DIC lags  
14 behind 12 percent. The other Federal survivor benefit plans  
15 pay a surviving spouse 55 percent of the spouse's salary.

16 We are looking forward to the introduction of bills in  
17 the Senate and House to increase the DIC from 43 percent to  
18 55 percent, which would bring parity with other parity with  
19 other Federal survivor programs.

20 Survivor Benefit Plan/Dependency Indemnity Compensation  
21 offset. In 1972, Congress created the Survivor Benefit Plan  
22 for retiring servicemembers who may select up to 55 percent  
23 of their retirement pay towards SBP.

24 The average monthly DIC offset to SBP is \$915. The  
25 spouses subject to the SBP/DIC offset only receive the

1 portion of the SBP that exceeds the DIC offset.

2       A bill, HR-553, Military Surviving Spouses Equity Act,  
3 was introduced in the House by Representative Wilson and  
4 Representative Yarmuth. There is a companion bill, Senate  
5 622, Military Widow's Tax Elimination Act of 2019, of 2019  
6 in the Senate. This one was introduced in a bipartisan  
7 effort by Senator Jones, Senator Collins, Senator Tester,  
8 and Senator Crapo. Both bills will repeal the SBP/DIC  
9 offset and eliminate the inequity.

10       Eliminate the Remarriage Penalty for Young Surviving  
11 Spouses. GSW would like your assistance in changing current  
12 law that binds young surviving spouses to widowhood. Under  
13 current law, if the surviving spouse remarries before the  
14 age of 57, he/she forfeits lifesaving benefits afforded to  
15 them. GSW has realized age 57 is an arbitrary age that  
16 penalizes young surviving spouses.

17       H.R. 95 and Senate 91, the Homeless Veterans' Children  
18 Acts, would allow per diem payments to be extended to  
19 homeless veterans' children under comprehensive service  
20 programs. GSW supports these bills and hopes that Congress  
21 will pass them in a timely manner so that homeless veterans'  
22 children can be taken care of in the same manner as the  
23 veteran.

24       Being intimately familiar with the devastating of  
25 death, GSW is extremely concerned with the overwhelming

1 number of veterans and active-duty servicemembers who die by  
2 suicide every day. GSW supports any effort to reduce the  
3 rate of service-connected deaths by suicide.

4 In conclusion, Gold Star Wives of America is  
5 appreciative for existing laws that provide vital benefits  
6 and support for surviving spouses and children of our  
7 military members who gave their lives for our country.

8 President John F. Kennedy said, "A nation reveals  
9 itself not only by the citizens it produces, but also by the  
10 citizens it honors, the citizens that remember."

11 Again, thank you for the opportunity to testify on  
12 behalf of Gold Star Wives of America. I am available for  
13 any questions.

14 [The prepared statement of Ms. Wenum follows:]

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1 Chairman Isakson. Well, Crystal Lynn, before I turn it  
2 over to the next speaker, let me just say this. I love  
3 Senator Kennedy's quote, but we also as a country are  
4 distinguished by the wives and spouses of those soldiers who  
5 go to battle, those who make home for them, those who when  
6 they come home love them, and when they do not come home,  
7 honor them and cherish them like you have.

8 Your double sacrifice is recognized, and we are all  
9 very sorry for it. But we are very proud of your service,  
10 the service you render on behalf of Gold Star Wives and Gold  
11 Star Mothers all over the country.

12 We thank you for being here today, and we thank you for  
13 your sacrifice for your country.

14 Ms. Wenum. Thank you.

15 [Applause.]

16 Chairman Isakson. Dr. Thomas Zampieri. "Zampieri," is  
17 that right?

18 Mr. Zampieri. Yes, sir.

19 Chairman Isakson. Close enough, anyway.

20 Mr. Zampieri. Close enough.

21 [Laughter.]

22 Chairman Isakson. Welcome, sir.

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1           STATEMENT OF THOMAS ZAMPIERI, PhD, NATIONAL  
2           PRESIDENT, BLINDED VETERANS ASSOCIATION

3           Mr. Zampieri. On behalf of the Blinded Veterans  
4 Association, we appreciate the invitation to speak today  
5 before Chairman Isakson and Chairman Takano, Ranking Members  
6 Tester and Roe. Some of you are old friends, and we always  
7 enjoy our engagement with the members. And I welcome the  
8 new members here.

9           We have been the Blinded Veterans Association 74 years  
10 come March 28th, and we are very proud of our tradition of  
11 working with the VA and with Members of Congress.

12          Some five issues that I wanted to cover in the time  
13 that I have, one is that--and we appreciate that when you  
14 passed the MISSION Act, you included caregivers for the pre-  
15 9/11 veterans, and we are frustrated, though, because of the  
16 fact that as they work out the details for the caregivers  
17 support program for previous generations of our war-blinded  
18 veterans, first of all, the length of time, that we are told  
19 that it could take another year, we have got our immediate  
20 past president, who is a Vietnam veteran, who is blind, and  
21 he is on home dialysis. And his wife has health problems,  
22 and she is literally trying to take care of him.

23          It is so frustrating. He has not just waited a year  
24 for implementation of this. I say he has waited 45 years  
25 for caregiver support.

1        So, as you hold hearings and do oversight with the VA  
2 with the caregivers program, I certainly hope that you will  
3 ask witnesses questions about their timeline and then are  
4 they going to include catastrophically disabled veterans in  
5 their benefits.

6        The other thing is we have worked with the VA  
7 consistently on trying to get them to make the IT systems  
8 accessible, Sections 508 and 504. Many of the members of  
9 the Committee are familiar with this.

10       We are especially concerned that as they roll out with  
11 this new Cerner contract and the electronic health records,  
12 that is another chance that they will implement, yet again,  
13 another new program with their IT system that will not be  
14 accessible for blind veterans.

15       So, as you have different witnesses coming over from  
16 that VA, I appreciate Chairman Roe--Ranking Member Roe and  
17 his persistence with the VA about making sure that things  
18 are accessible.

19       Both the Veterans Benefits Administration and VHA, they  
20 really have to fix a lot of the stuff that they have had  
21 problems with in the past.

22       Touching on a little bit of a different topic, which is  
23 Vision Research Program within the Department of Defense,  
24 for the House Members here, I know Friday is the deadline  
25 for your views and estimates. We are asking all the members

1 of the House and Senate to request that the Appropriations  
2 Committees include \$20 million for a vision trauma research  
3 program within the Department of Defense. It is the only  
4 place in the entire country where there is money for  
5 battlefield eye-trauma research.

6       NIH does not do it. The VA does not do eye-trauma  
7 research. The only funding comes through DoD, and so when  
8 the Boston Marathon blast occurred or when the blast  
9 occurred up in Manchester, England, you go around the globe  
10 nowadays, and there is eye trauma from blasts. It is the  
11 research that DoD is doing that is helping our civilian  
12 trauma hospitals also and how they deal with these horrific  
13 eye injuries.

14       The other thing is we have been working with the VA on  
15 trying to get them to include local transportation for blind  
16 veterans. It is a temporary program. Congress has to  
17 reauthorize it every year.

18       Special mode transportation. The VA has sort of  
19 struggled with that. Different departments have said that  
20 you have to be wheelchair-bound before they will send a van  
21 out to pick you up. Special mode transportation, I would  
22 argue should be for any catastrophically disabled veteran  
23 that needs transportation to get to their medical  
24 appointments.

25       We would like you to make the transportation program

1 permanent, but also to ensure that the VA's policies include  
2 that blinded veterans be eligible.

3       The Special Adaptive Housing grant, unfortunately, my  
4 friend, Senator Boozman left, but he and I worked when I was  
5 director of Government Relations on legislation for this  
6 adaptive housing grant program. That needs to be fixed  
7 because it currently requires you go have no vision in order  
8 to be eligible for the SAH.

9       Those are the five things I wanted to cover. I  
10 appreciate your time and look forward to any questions you  
11 have.

12       [The prepared statement of Mr. Zampieri follows:]

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1 Chairman Isakson. Thank you for your testimony, your  
2 service, and your sacrifice. We appreciate it very, very  
3 much.

4 Dr. Schneider.

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1           STATEMENT OF BARRY J . SCHNEIDER, PhD, NATIONAL  
2           COMMANDER, JEWISH WAR VETERANS

3           Mr. Schneider. Good morning, Chairman Takano, Chairman  
4 Isakson, honorable members of the Committee. My name is Dr.  
5 Barry Schneider. I am an Air Force career officer and the  
6 national commander of the Jewish War Veterans of the United  
7 States. Jewish War Veterans will celebrate its 123rd  
8 anniversary this coming Friday.

9           The Jewish War Veterans of the USA acknowledge and  
10 appreciates the effort taken to reduce and prevent the  
11 current reported rate of 20 veteran suicides per day.  
12 Veterans are one and a half times more likely to commit  
13 suicide than nonveterans. More than 6,000 veterans take  
14 their lives each year.

15          I hope the new Cabinet-level task force initiated by  
16 President Trump last week to prevent veteran suicides will  
17 be successful.

18          Suicides, as a public health issue, affects everyone--  
19 families, friends, and community. With the resources of  
20 this Committee, the VA, and Congress, a plan can be, and  
21 should be, devised to address this crisis in a meaningful  
22 and successful manner.

23          More must be done. J WV urges the full mental health  
24 screening using all available assessment tools and full  
25 access to veteran facilities for all individuals exiting the

1 military.

2       As a lifelong educator and student, the issue of  
3 student veterans resonates with me in a very personal way.  
4 I have earned two master's degrees with significant  
5 assistance from Federal and DoD programs. I am pleased that  
6 the post-9/11 GI bill provides significant benefits and  
7 provides a positive path for returning veterans to reenter  
8 society as productive citizens.

9       On behalf of JWV, we thank you for recognizing the  
10 importance of this bill and ensuring its continued funding.  
11 However, since the post-9/11 bill became law, many for-  
12 profit predatory colleges have sprung up, and they view our  
13 veterans as nothing more than dollar signs.

14       There are many reports of aggressive and deceptive  
15 targeting of veteran servicemembers and their families.  
16 They engage in misleading recruiting practices on military  
17 installations and often fail to disclose meaningful  
18 information enabling potential students to determine if a  
19 college has a good record of graduating and positioning  
20 students for success in the workforce.

21       As I have traveled around the country and visited many  
22 colleges and universities, I have found great differences  
23 among the various institutions. The schools which have  
24 excelled have one thing in common. They provide one-stop  
25 shopping for our veterans and their families.

1       For example, the University of Colorado Boulder has  
2 established an office of Veteran and Military Affairs, VMA.  
3 This office is staffed by veterans for veterans. They  
4 operate from their own building and provide transitional  
5 support to higher education and civilian life.

6       The unique circumstances of veteran students moving  
7 from the military environment to academia requires special  
8 support. The University of Colorado's VMA office provides  
9 this in an exemplary way. This includes a Bridge Summer  
10 program and their Veterans Ambassador program, which helps  
11 new students connect with other veterans prior to the  
12 beginning of the school year.

13       The VMA office provides both academic and life  
14 counseling, tutoring, hands-on assistance, and applying for  
15 various VA benefits and financial supports.

16       To ensure that all of our veterans receive this level  
17 of support, JWV asked the Department of Veterans Affairs and  
18 Congress to establish a rating system ensuring that all  
19 educational institutions that receive Government funding  
20 meet at least minimum requirements and standards of  
21 accountability to ensure that our veterans can select with  
22 confidence a program which will meet their needs.

23       From my perspective, accountability must include single  
24 point of contract, proper accreditation, staffing by  
25 veterans, readily available access to counselors for



1 academic and financial advice, and a sense of community  
2 where veterans can meet with other veterans to openly  
3 discuss problems and issues that they face during their  
4 transition.

5 Further, a list of acceptable institutions must be made  
6 available on the VA website.

7 Predatory institutions which take advantage of our  
8 veterans and their families must be stopped. The post-9/11  
9 GI bill is a great benefit, and Congress must ensure its  
10 proper administration.

11 These simple actions will ensure that our veterans have  
12 the greatest chance of success and that the Government  
13 receives the best return on their investment.

14 I thank you for your time and attention.

15 [The prepared statement of Mr. Schneider follows:]

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1 Chairman Isakson. Thank you, Dr. Schneider. We  
2 appreciate it very much.

3 Mr. Greenlaw, the Military Order of the Purple Heart  
4 National Commander, we welcome you.

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1           STATEMENT OF DOUGLAS J. GREENLAW, NATIONAL  
2           COMMANDER, MILITARY ORDER OF THE PURPLE HEART

3           Mr. Greenlaw. Thank you, sir.

4           Douglas J. Greenlaw, former First Lieutenant, 05332162,  
5 U.S. Army.

6           You are part of the leadership of our Country, and I  
7 stand before you as a very proud individual. Thank you for  
8 all that you do.

9           Earlier, I placed my formal words into the permanent  
10 record as National Commander of the Military Order of the  
11 Purple Heart. I would like to dedicate my precious time  
12 today by speaking directly to you up close and personal  
13 about our Country's combat-wounded veterans.

14          I speak in behalf of the 500,000 Purple Heart  
15 recipients in America that were wounded in protecting our  
16 beautiful country in combat, and of course, we respect those  
17 that died in the form of their duty as well. We give them  
18 special recognition of their sacrifices.

19          But, today, I would like to call about the combat-  
20 wounded vets, the survivors, those that have been spared  
21 death but have had the unfortunate case of being wounded,  
22 some gravely wounded. They live with the physical and the  
23 mental trauma that affects not only the body but the mind,  
24 sometimes even the soul.

25          As a recipient of two Purple Hearts in Vietnam, I was

1 wounded gravely the second time, but I consider myself  
2 fortunate because my scars lie beneath my clothing. Not all  
3 were so lucky.

4 I know a patriot who woke up in a zipped-up body bag in  
5 the cooler, and that is only half the story. As he  
6 struggled in that bag, he had a religious experience. God  
7 visited him in that bag as he struggled, and to this day, he  
8 feels that he was told by God that Jesus never died. Jesus  
9 woke up in that tomb, just like he did, and he busted his  
10 way out. He showed his wounds to his friends, and he  
11 married Mary Magdalene, had a wife, children, lived a life.

12 My pastor told me that that is a common theory called  
13 the "swoon theory." Well, it is no theory to the man in the  
14 bag. You will never convince him of otherwise.

15 Charles Eggleston, a good friend of mine, was gravely  
16 wounded in an IED explosion and following mortar attack  
17 behind him. He suffered massive wounds. He was in the  
18 hospital for 3 and-a-half years--3 and-a-half years.

19 The surgeons were taking bones out of his back from the  
20 men blown up behind him. To this day, he has shards of  
21 bones in his body that he carries on a daily basis. Try  
22 living with that. It is called PTSD.

23 Bob Bostwick, another friend, was wounded and captured,  
24 POW in the Korean War. As the Chinese who captured him  
25 dragged him overland to their hidden camp, they beat him

1 focusing on his wounds, telling him they were going to  
2 torture, interrogate, and kill him. He thought, well, if  
3 they are going to kill me, they are going to kill me  
4 escaping. In the dark of the night that night, wounded and  
5 weak--he was a pretty strong guy--he overpowered--he killed  
6 his guards, two guards. He escaped somehow, weakened,  
7 finally found himself to find his way back to his unit in  
8 South Korea.

9       Now, here is my point. Do you know how old this  
10 gentleman was when he experienced this? He was 18 years  
11 old--18, right out of high school.

12       We are not fighting wars with 40-year-old Harvard MBAs.  
13 These are our young warriors that are out there, 18, 19  
14 years old. I was the old man. I was the old man at 23 as  
15 an infantry company commander in Vietnam, fighting and  
16 leading 158 men in the swamps and valleys and rivers and  
17 mountains of Vietnam.

18       May I please say just a couple of words about our young  
19 military today, the millennials. They are a find generation  
20 of Americans. Every military generation is better than the  
21 one before. Today, they are bigger. They are stronger.  
22 They are better equipped. They have the same patriotism  
23 than the veterans that fought before them. So if you see  
24 one, he is 18 years old, treat him like an adult or her like  
25 an adult because that is what they are.

1       I could go on and on with stories, but I know my time  
2 is limited.

3       When legislation crosses your desk, please remember us,  
4 the combat wounded, the Purple Heart recipients.

5       The laws on paper represent real men and real women  
6 from all wars, and your support is so important. If you  
7 remember anything I say today, please remember this. Our  
8 bodies heal, but our scars remain, and our wars never end.

9       Thank you.

10      [The prepared statement of Mr. Greenlaw follows:]

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1 Chairman Isakson. Mr. Greenlaw, thank you very much.

2 And let me just comment, if I might, for 1 minute.

3 Your testimony is very compelling. We are all aware of the  
4 sacrifice but sometimes not as aware of the depth of the  
5 sacrifice of an individual as you point in the stories that  
6 you told.

7 We know what the Purple Heart means. It means you were  
8 wounded in battle. I did not know until you told me there  
9 were 500,000 Purple Heart recipients. Is that the right  
10 number?

11 Mr. Greenlaw. There is no exact number, but that is  
12 the estimate.

13 Chairman Isakson. That is how many people took a  
14 bullet for us, basically to say.

15 One other thing I want to underline is that the  
16 injuries of the wars of the 21st century are different from  
17 the injuries of any other war we have ever had, and so many  
18 of them are soft-tissue injuries of the brain of the psyche,  
19 and of the soul. It is very important that you point that  
20 out. We should never forget anyone, and we should always  
21 remember there is a tragic story behind every veteran.  
22 Sometimes they hide it all their life from us, but they go  
23 through it every day because they were the ones that  
24 experienced it.

25 Thank you for your testimony today. We appreciate it.

1 Ms. Campos.

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1           STATEMENT OF RENE A. CAMPOS, SENIOR DIRECTOR OF  
2           GOVERNMENT, RELATIONS FOR VETERANS-WOUNDED WARRIOR  
3           CARE, MILITARY OFFICERS ASSOCIATION OF AMERICA

4           Ms. Campos. Chairman Isakson, Ranking Members Tester  
5 and Roe, and members of the Committees, I would like to take  
6 this opportunity to ask our MOAA members in the audience to  
7 stand and give our appreciation and round of applause for  
8 making the 115th Congress one of the most successful in  
9 recent years and for this opportunity to testify.

10          [Applause.]

11          Ms. Campos. I will start by leaving you with three  
12 important messages. First, there is no higher priority for  
13 veterans than to ensure the Secretary and his staff have the  
14 tools and the time they need to succeed.

15          We must also keep our eyes on the impact of these  
16 reforms on veterans. One MOAA female veteran from Montana  
17 questions the new VA legislation and will it leads to real  
18 improvement. She says, "I have been in the VA since 1994  
19 with great success until recently. In the past 2 years, I  
20 have been assigned five different medical providers because  
21 the VA cannot keep the doctors. I am a cancer survivor who  
22 is not considered cured. I have had three different tests  
23 to keep everything in check. None of these tests have been  
24 reviewed with me."

25          Second, there needs to be more collaboration between

1 the VA and the DoD to include hearings--between the Veterans  
2 and the Armed Services Committees on important issues such  
3 as toxic exposure, women veterans, the electronic health  
4 record, and mental health and suicide prevention, shifting  
5 more responsible back to DoD as an employer for addressing  
6 outcomes for transitioning servicemembers to veterans  
7 status.

8 I will touch on three priorities from our statements.  
9 The first one is CHAMPVA. When ACA became law, it required  
10 health insurance plans to provide dependent coverage of  
11 children, including coverage for an adult child to age 26.  
12 Private-sector and DoD health care plans confirm to the law.  
13 MOAA urges the Congress to expand this care to CHAMPVA.

14 Then, finally, in the area of behavioral health and  
15 well-being, there is no doubt VA has made great strides in  
16 expanding its health care services to help veterans  
17 suffering from pain, traumatic injuries, and mental health.  
18 VA cannot let up its efforts because the need is so great.

19 MOAA recommends investing in VA and DoD collaboration  
20 and services and investing in ways we can identify at-risk  
21 populations.

22 Then in the area of women veterans, VA continues to  
23 struggle to adapt to meet the rising demand in delivering  
24 needed health care and disability benefits to the women  
25 veterans. For nearly 4 years, MOAA has partnered with the

1 United Health Foundation, studying how the unique demands of  
2 military service affect the long-term health.

3 We have produced three reports--two on a broad group of  
4 those who have served and a narrow report on women veterans.

5 Last year's Health of Those Who Have Served Report  
6 revealed those who served are more likely to describe their  
7 health better than their civilian counterparts, but they are  
8 also more likely to suffer from a litany of chronic diseases  
9 and to engage in unhealthy behaviors.

10 The study also showed some troubling trends,  
11 particularly among women veterans whose rates of suicide  
12 thoughts more than tripled between 2011 and 2016.

13 MOAA is grateful to the Committees for your commitment  
14 to ensuring women veterans have equal access to medical and  
15 other benefits. The important work you did in the last  
16 Congress combined with Chairman Takano's and Representative  
17 Brownley's efforts in establishing a women's task force  
18 provide the needed momentum to make significant progress  
19 this year on these issues.

20 In closing, I would like to share a story of an active-  
21 duty Army servicemember and his father's care in the VA and  
22 how it formed his perception of the VA.

23 Just before retirement, his father received a letter  
24 from VA notifying him of the abnormally high rate of  
25 veterans in Desert Storm and Desert Shield in his unit with

1 brain-related issues. VA later denied his father's claim  
2 because he could not prove service connection. He died at  
3 age 56 of brain cancer.

4 Before his father's death, his won was told VA had no  
5 hospice program for veterans under 65. It took the director  
6 of the Indianapolis VA to finally authorize hospice care.

7 This servicemember's takeaway, while the VA providers,  
8 the staff, and the health care were awesome, the lag time  
9 between discharge from service and VA care--and the  
10 bureaucracy continues.

11 This story speaks to the generational consequences of  
12 how we treat and care for our veterans. I know I want my  
13 son, who is in the military now, to be able to have the same  
14 trust and confidence in his VA when he leaves service as I  
15 have experience from my service.

16 MOAA is committed to working with the Committees and  
17 the Department to help build a VA all veterans can be proud  
18 to call their own.

19 Thank you again, and I look forward to your questions.

20 [The prepared statement of Ms. Campos follows:]

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1 Chairman Isakson. Thank you, Ms. Campos, and I am now  
2 going to turn the gavel over to Mr. Takano, the House  
3 Chairman, to complete the hearing this morning.

4 I want to thank all of you for your participation and  
5 all the members for being here.

6 Mr. Takano, I will turn it over to you. Thank you,  
7 sir.

8 OPENING STATEMENT OF CHAIRMAN TAKANO

9 Chairman Takano. Yes. Thank you, Chairman Isakson.  
10 It is always an honor to join you and Ranking Members Tester  
11 and Roe and all members of the House and Senate Committees  
12 on Veterans' Affairs to hear directly from the organizations  
13 that represent millions of veterans and their families who  
14 are impacted by our decisions. Like the rest of the members  
15 sitting at the dais, I take this responsibility very  
16 seriously.

17 First, I want to welcome our partners from the National  
18 Association of State Directors of Veterans Affairs, the  
19 Fleet Reserve Association, Gold Star Wives of America,  
20 Blinded Veterans Association, Jewish War Veterans, Military  
21 Order of the Purple Heart, and Military Officers Association  
22 of America.

23 I would also like to specifically recognize members  
24 from my home State of California. If there are any  
25 Californians here, just kind of wave.

1 [No response.]

2 Chairman Takano. I do not see anybody waving. That is  
3 kind of surprising.

4 [Laughter.]

5 Chairman Takano. But welcome, wherever you are from.  
6 Mr. Roe. It is a small State.

7 Chairman Takano. That is right. Dr. Roe says it is a  
8 very small State.

9 [Laughter.]

10 Chairman Takano. I am thankful for the opportunity to  
11 hear from our VSO partners, many of whom are veterans  
12 themselves. Each of you represent a unique group of  
13 veterans and surviving spouses, and because of that, each of  
14 you possesses a unique set of concerns.

15 The joint hearings provide us with a unique opportunity  
16 to hear the focused messages from so many of our VSO  
17 partners who do the work every day to help our Nation's  
18 heroes. Congress simply could not deliver on our promises  
19 without the dedication and firsthand understanding of the  
20 issues that affect our servicemembers, veterans, and their  
21 families. So thank you all for what you all do.

22 With your help, we have identified many problems and  
23 fixes to those problems, but the work is far from over.  
24 Your continued input as we move through the 116th Congress  
25 is not only needed, it is truly appreciated. I ask that you

1 continue to hold the administration and Congress accountable  
2 and ensure both fulfill our Nation's promise to care for our  
3 veterans. If we can afford to send our people to war to  
4 protect our country, then this country can and must afford  
5 to take care of our wounded when they return.

6 Reading through your testimony, your concerns, I want  
7 to just say this. Your concerns are my concerns and the  
8 concerns of the House Veterans' Affairs Committee. The  
9 message from you and your VSO cohorts is clear. Congress  
10 must keep a vigilant eye on the VA and pass legislation to  
11 care for our veterans.

12 Mental health, eliminating veteran suicide, ensuring  
13 equal access to quality medical care for all veterans,  
14 regardless of gender or disability, and to ensure that  
15 access to crucial VA services be available to veterans of  
16 all eras should be our priorities.

17 Outreach and care for women and minority veterans must  
18 also be addressed in this Congress, and I am pleased that  
19 attention for these veterans' groups continues to rise.

20 And I am glad that the testimony of the National  
21 Association of State Directors of Veterans Affairs  
22 highlights aspects of access hurdles our Native American  
23 veterans face.

24 I want to make it clear to you today that I directed my  
25 staff in January of this year to better understand the

1 hurdles that Native American veterans face in attaining  
2 earned VA disability benefits, and I plan to identify and  
3 implement solutions that will improve the lives of our  
4 Native veterans and all underrepresented veterans in my time  
5 as Chairman of the House Veterans' Affairs Committee.

6 While I just touch on a few issue areas important to  
7 you and your membership, know that I am committed to helping  
8 advance your priorities in the coming year.

9 I look forward to hearing your testimony today and  
10 thank you again for your tireless advocacy on behalf of our  
11 veteran community.

12 So I am going to yield back to myself the remainder of  
13 the time.

14 With that, I think we just move on to the--

15 Senator Tester. I have an opening statement.

16 Chairman Takano. Oh, you have an opening statement.

17 I now want to recognize Senator Tester, the Ranking  
18 Member of the Senate Veterans' Affairs Committee, for his  
19 opening statement.

20 OPENING STATEMENT OF SENATOR TESTER

21 Senator Tester. Thank you, Chairman Takano, and I will  
22 be very brief.

23 First of all, thank you all for your testimony. I very  
24 much appreciate the input that all of you have given us. As  
25 I have said before, we take our cues from the veterans



1 service organizations and the veterans that are on the  
2 ground when it comes to making policy and hold the people  
3 accountable that that policy be carried out in an  
4 appropriate way.

5 I do want to respond very quickly to Mr. Campos'  
6 comments about a woman veteran from Montana that has since  
7 1996 seen five providers in the last few years. This is a  
8 problem. It is a huge problem in Montana where we went  
9 through, I think, eight directors in the last 12 years, and  
10 we cannot keep employees. Somebody is trying to privatize  
11 Montana's VA.

12 It has gotten to the point now where when veterans call  
13 in, they immediately put them into the private sector, at  
14 least in some cases, without even offering them VA health  
15 care. That, in my opinion, is ridiculous. We have got to  
16 find out what is going on.

17 And, as we move forward and as we do things like pass  
18 the MISSION Act and pass the Accountability Act and pass the  
19 appeals backlog and the Forever GI bill that we did last  
20 Congress, we have got to make sure things are improving and  
21 not going the other direction.

22 There are some who want to privatize the VA.  
23 Hopefully, none of them are on this rostrum. They have said  
24 time and time again, they are not, but the bottom line is if  
25 you do not have docs--and that is what we are seeing in

1 Montana--you have privatized the VA.

2       So thank you all very much for your input. We look  
3 forward to our questions.

4       Thank you, Mr. Chairman.

5       Chairman Takano. Thank you, Senator.

6       Now we will move on to 5-minute questioning. Are we  
7 doing 5 minutes or 3 minutes? We are doing 5 minutes.

8       I would like to first recognize Representative Sablan  
9 from the Northern Mariana Islands for 5 minutes.

10       Mr. Sablan. Good morning, everyone, and to our  
11 witnesses and to everyone in the room, thank you very much  
12 for joining us today.

13       My favorite part of being in this Committee is to have  
14 conversations and listen to both veterans but particularly  
15 the veterans service organizations. Thank you very much for  
16 all that you do for our veterans.

17       I come from a place where the only place in the United  
18 States that does not even have a CBOC. We have one of the  
19 highest enlistment rates in the uniformed services per  
20 capita in the Nation, and yet our veterans come back and do  
21 not have the services that they need.

22       But let that go for a while. I would like to ask the  
23 witnesses at least to please raise your right hand if you  
24 support the privatization of the Veterans Administration.

25       [No response.]

1       Mr. Sablan. Anyone who supports the privatization of  
2 VA?

3       [No response.]

4       Mr. Sablan. Thank you, because neither do I.

5       I think VA provides some of the best service for our  
6 veterans. We only need to continue working to improve those  
7 services.

8       And, Mr. Chairman, thank you, and I yield back my time.

9       Chairman Takano. The gentleman yields back.

10      I call upon Dr. Roe for 5 minutes.

11      Dr. Roe. Thank you, Mr. Chairman, and I want to thank  
12 all the members for being here and your incredibly  
13 compelling testimony.

14      Dr. Schneider, you do not look 123. I am going to say  
15 that for you.

16      Mr. Schneider. I am pushing it.

17      [Laughter.]

18      Dr. Roe. Tom, thank you for your comments.

19      Certainly, I think the vision research that you pointed  
20 out, the \$20 million, we have got to dig down and make sure  
21 that is there. If that is the only place that is occurring,  
22 that has to stay there. I totally agree with that.

23      The transportation, I took several notes on what you  
24 would like to see done. Those are all, I think, incredibly  
25 reasonable things to do.

1       Mr. Washington, I want to thank you for your eloquent  
2 comments about the Blue Water Navy. We have to get this  
3 right, this Congress. For 10 years, we have been working on  
4 this, and you have been working on it probably for 30. And  
5 I thank you for that and your support.

6       All the VSOs have been incredibly supportive of this,  
7 and we plan, I know with the Chairman's help, to get this  
8 through.

9       Ms. Campos, you mentioned something that is very near  
10 and dear to my heart. You cannot have continuity of care if  
11 you see five different doctors all the time, and I would  
12 respectfully disagree with my good friend, Senator Tester.

13       The problem we are having in this country, we do not  
14 have enough providers. Getting those providers to go in  
15 rural areas is a challenge.

16       I know I saw when the VA at home did not have an OB--I  
17 am an OB/GYN specialist. When they did not have that, I saw  
18 that as their extender. I was their OB/GYN department, our  
19 group was.

20       So I think what we have to do--and we are getting  
21 market assessments across the country to find out what  
22 resources are available in each community in the country,  
23 and then that is when the Choice program is set up where it  
24 is. If the VA cannot provide that service, then it is  
25 provided outside the VA.

1 I have said this a thousand times. If we have gone in  
2 my 10 years here, we have over doubled the VA budget, that  
3 is not privatization. I think everybody up here believes  
4 that.

5 I think we have got a huge challenge about how to get  
6 providers, and this current budget the President asked for  
7 was to increase the number of employees to 392,000. That is  
8 larger than the U.S. Navy. So we are doing I think what is  
9 right for our veterans.

10 Implementation, as everybody has said, is absolute key,  
11 and certainly implementation of the MISSION Act, which is  
12 the most transformative bill I think we have passed in VA  
13 since I have been here.

14 What hurdles do you all see in the VA MISSION Act? It  
15 goes live the 6th of June. Anyone can take that question.  
16 Biggest hurdle for the MISSION Act.

17 Ms. Campos. I will take that question, sir.

18 I think the biggest question is how will it be  
19 implemented across the system in a uniform consistent way,  
20 in a way that it can be explained to veterans, VA employees,  
21 that they will understand and be able to know if they are  
22 eligible right up front.

23 So I think that there is a lot of challenges about we  
24 can look at quality. We can look at the access standards.  
25 Those are arbitrary.

1 I think that we are still going to have problems as  
2 this is rolled out. There has not been a lot of  
3 communication.

4 I know we have asked, with our other VSO colleagues,  
5 for more information from VA to get out to veterans, so they  
6 can understand what this means.

7 I went to a Tallahassee VA not too long ago, and they  
8 are getting confused between the Choice program. Some  
9 people think that the MISSION Act and the Community Care has  
10 already been rolled out. So there is a lot of confusion out  
11 there, and I think that if we do not get ahead of the  
12 communication on this in the front end with the employees to  
13 be able to talk to veterans about those and to the  
14 providers, that those veterans are going to be talking to,  
15 as I said, across from their provider trying to decide where  
16 is the best place to get their care.

17 Dr. Roe. I think several of us are having--I think it  
18 is in the morning. We are having breakfast with the  
19 Secretary. We will absolutely pass that along because I  
20 think the VA needs to include you guys, all the veterans  
21 service organizations, so you can educate your membership.  
22 I think that is a huge benefit.

23 Before I yield back, Captain Greenlaw, I want to thank  
24 you for your incredible service to this great country. I  
25 salute you, sir.

1 I yield back.

2 Chairman Takano. Thank you, Dr. Roe.

3 I recognize Senator Tester for 5 minutes.

4 Senator Tester. Yeah. Thank you, Mr. Chairman.

5 Just for the record, 12 year ago, we had one of the  
6 best VAs in Montana in the country. We had doctors. We  
7 have had a doctor shortage for some time. I have not had a  
8 doctor in my hometown in 30 years.

9 What has happened in Montana is there has not been  
10 appreciation for the doctors that have done the work, and  
11 they have been run out. They are waiting in the private  
12 sector to come back, but they have got to have a VA that  
13 wants them back. And we do not have that in Montana. I do  
14 not know if they have that in Tennessee or not, but they do  
15 not have it in Montana.

16 Quite frankly, it is a problem, and it is a big, big  
17 problem because our veterans deserve better than that. As  
18 the fellow from the Northern Mariana Islands asked, nobody  
19 wants to privatize the VA, and I certainly think the  
20 veterans prefer the VA over the private sector.

21 But I want to talk about mental health for a second  
22 because I think just about every one of you talked about  
23 mental health in some form or another.

24 It is a big problem. Tomorrow, I am going to introduce  
25 legislation that is going to do a couple things. It is

1 going to strengthen support services for VA members who are  
2 transitioning from DoD to VA health care, that transition  
3 time. It is going to invest in innovative treatments for  
4 mental health conditions, different kind of treatments than  
5 we normally think about, somebody laying on a couch.

6 Well, there are other methods too--yoga, music, animal  
7 therapy, meditation, acupuncture. It is going to cut red  
8 tape for VA and vet centers to hire more mental health  
9 professionals. It is going to increase rural veterans'  
10 access to telehealth, which as we know oftentimes can be  
11 better than eyeball to eyeball if we utilize it. So not  
12 only does it work in rural areas, it works in urban areas  
13 too. And it is also going to increase accountability of the  
14 VA's mental health outreach and suicide prevention efforts.

15 Once again, we are going to work. We are going to work  
16 in a bipartisan way to get this bill passed. It has got to  
17 be implemented correctly if it is going to do what we want,  
18 but we all understand that mental health, which has been the  
19 signature injury coming out of the war for the last 20  
20 years, is a big, big issue.

21 For anyone on the panel, in terms of the VA's current  
22 mental health and suicide prevention efforts, can you tell  
23 me where the VA is making the grade and where it is missing  
24 the mark? Is there anything that the VA is doing that is  
25 working?



1 Yes, go ahead, Mr. Greenlaw.

2 Mr. Greenlaw. In South Carolina, I am from the  
3 Greenville area, up in the northern part of the State. We  
4 have one of the finest VA clinics, probably in the country.  
5 It is only a few years old, 78,000 square feet. It runs  
6 like a clock. They handle about 850, 900 vets a day, and  
7 they do a fantastic job.

8 Senator Tester. Marvelous. Good.

9 Mr. Greenlaw. So I think these clinics are the unsung  
10 heroes.

11 Senator Tester. Yeah. Good.

12 Anybody else?

13 Ms. Alvarado-Ramos. Yes, Senator Tester.

14 Senator Tester. Yes, ma'am.

15 Ms. Alvarado-Ramos. From the National Association of  
16 State Directors of Veterans Affairs, in Washington State  
17 particularly, we have significant collaboration from the  
18 State with a program that does behavioral health and the  
19 Federal VA.

20 The area where we have some challenges is with the vet  
21 centers--

22 Senator Tester. Yes.

23 Ms. Alvarado-Ramos. --and the staffing.

24 Senator Tester. Staffing of the vet centers?

25 Ms. Alvarado-Ramos. Exactly.

1       The vet center is such a hybridized system, such an  
2 amazing system to veterans and families that VA needs to  
3 fully staff those, and I think they are having some of the  
4 same issues regarding staffing--

5       Senator Tester. Yes.

6       Ms. Alvarado-Ramos. --and them working for the Federal  
7 VA. But this is an area that when it comes to behavioral  
8 health and emotional wellness, there are critical services  
9 for our veterans and their families.

10      Senator Tester. That is good input too.

11      Dr. Zampieri.

12      Mr. Zampieri. Yes. I was just going to say the same  
13 thing about the vet centers.

14      Senator Tester. Yes.

15      Mr. Zampieri. Being a Vietnam-era veteran, the vet  
16 centers have been amazing, but telehealth, mental telehealth  
17 clinics, whether you are in a big city or a rural area, it  
18 is another way to make access ability easier for those  
19 veterans.

20      The crisis center, I applaud the VA for the work that  
21 they have done with the crisis center.

22      Ironically, though, by the way, the website was not  
23 accessible for blind veterans.

24      Senator Tester. Yes.

25      Mr. Zampieri. Yeah. That is one of those things that

1 you just say to yourself, "How could that happen?"

2 But the last thing--and you have touched no it, and we  
3 have talked before--is the length of time it takes to hire  
4 someone in the VA, whether it is a physician assistant, a  
5 psychiatrist, a psychologist, a counselor. It takes--and I  
6 know. My wife works in the VA system. That will get her in  
7 trouble, but it takes months and months.

8 So you have a provider who comes and interviews.

9 Senator Tester. Yes.

10 Mr. Zampieri. They want the position, and 5 months  
11 later, they have not been brought in.

12 Senator Tester. Bingo. Somebody else will hire them  
13 by then.

14 Mr. Zampieri. Yeah.

15 Senator Tester. Yes.

16 And, by the way, we have worked to try to cut that  
17 down, but that is something we need to also keep paying  
18 attention to, to cut that timeline down. There is not a doc  
19 out there worth his salt that is going to stick around past  
20 2 months. Fact. It is a fact.

21 Thank you all for your input. Thank you all for your  
22 testimony. God bless you all.

23 Chairman Takano. I now call on Representative Bost of  
24 Illinois for 5 minutes.

25 Mr. Bost. Thank you, Chairman, and I want to thank all

1 of you for your service. I want to thank you as veterans  
2 for your service and all of those that are out there that  
3 maybe are not veterans but are serving our veterans. I  
4 thank you so much for that.

5 Let me also say this last year, we--and in your input,  
6 each group and organization, that when we put in the Appeals  
7 Improvement and Modernization Act. Let me tell you that  
8 that is an issue that we have worked on, and without your  
9 help and input on that, we could not actually get it going.

10 But right now, the Secretary is getting ready to  
11 certify it. As your input helped that off the start to make  
12 sure we were taking care of our veterans and getting their  
13 appeals process speeded up, one of the main concerns I had  
14 was a legacy appeals.

15 I am just asking the whole panel, anyone that could  
16 have input on this, what do you see where they are at right  
17 now? Can you give me feedback on what the veterans are  
18 feeling right now, those that are sitting in a legacy  
19 appeals process? Are they feeling like they are speeding  
20 up? Is it still just laying out there?

21 Ms. Campos. I will take that question. I think when  
22 we think of the legacy systems, we tend to think more on the  
23 Department of Defense side where people have been injured,  
24 and they have been put in temporary, limited duty status or--  
25 -excuse me--in a retirement status, temporary retirement

1 status.

2 Three years later, they come back. They may have gone  
3 through the joint disability evaluation system and were put  
4 into that retirement status, but then they have to come back  
5 and be reevaluated, and then they go through the legacy  
6 system on the DoD side. Then it is kind of viewed as they  
7 are going to be--their benefits are going to be decreased.

8 We believe that if they have already been in the  
9 integrated disability evaluation system, they should be able  
10 to go back through that process again before they are  
11 reviewed for final retirement status.

12 Mr. Bost. Many of these legacy appeals, we were afraid  
13 were going to linger out there. We were going to be able to  
14 hit the new appeals very quickly with the new system, but  
15 those that were old, that they could not get the reaction in  
16 time that the newer appeals processes were getting. And I  
17 do not know whether anybody is noticing that or not.

18 Ms. Alvarado-Ramos. I will say something about that.  
19 I was in an Honor Flight last October and having a  
20 conversation around the table with some of our veterans, the  
21 people that we were guardians for. The conversation was, at  
22 that time, not around how long it took for their appeal to  
23 take place but comparing notes of how short a time it was  
24 taking. So I think there is progress being made by VA--

25 Mr. Bost. Okay.

1       Ms. Alvarado-Ramos. --when it comes to being able to  
2 expedite.

3       And I just wanted to say just one quick thing when it  
4 comes to the States because one of the things that the  
5 States can provide is extensions to the VA to be able to  
6 work on the claims backlogs and to be able to get more  
7 veterans connected to those appeals and to the new system,  
8 but part of that is on-the-ground services and States being  
9 able to get the ability through potential funding to  
10 expedited and be able to connect more veterans into the new  
11 systems.

12       Mr. Bost. Well, the concerns I had--and I am very  
13 short on time. You see, I myself, as a Marine veteran,  
14 whenever I left, I had lost my high-frequency hearing. My  
15 wife believes that it is just a selective hearing that I  
16 have.

17       [Laughter.]

18       Mr. Bost. But we did have that tested.

19       But it was at a time, at that time in the Marine Corps  
20 and the military--you are 23 years old and you want to go  
21 home. They ask you to sign a waiver, and then you do not  
22 have to be held there for an extra 6 months. Those do not  
23 hold up, supposedly, but at least I went through the  
24 process.

25       I myself did not get the disability appeal. I did not.

1 I got to the point in life that it really did not matter,  
2 but I kind of took the stand whenever I got here to speed up  
3 the process because I know how long it can be and how  
4 hurtful it can be, and finally, most of them give up rather  
5 than get what is owed to them. And it is my job, I feel  
6 like to continue to fight for that.

7 So, if you see those come up, please let us know. We  
8 will continue to work hard for you, and thank you for being  
9 here.

10 Chairman Takano. The gentleman yields back.

11 I recognize Senator Blumenthal for 5 minutes.

12 Senator Blumenthal. Thanks, Mr. Chairman. Thank you  
13 all for being here today, and thank you for your service to  
14 our Nation.

15 I am sure there may be veterans here or are listening  
16 from Connecticut, and I want to thank them as well.

17 Many of you have spoken about the priorities that I  
18 share and that I have worked on during my time in the United  
19 States Senate--veterans suicide is one of them, access to  
20 health care services for women veterans, and support for  
21 veteran caregivers of all generations, just to name a few.

22 The President's budget for the coming fiscal year  
23 increased the overall appropriation request for the  
24 Department of Veterans Affairs, but I am very concerned that  
25 this proposal still fails to provide adequate resource for

1 maintaining and improving VA facilities.

2       The modernization of these facilities, particularly in  
3 the health care area, is critical to preventing a path to  
4 privatization. I believe privatization is anathema. Most  
5 of the Connecticut veterans, at least the ones I have spoken  
6 to, agree that privatization is to be avoided.

7       So investments in major and minor conversation in  
8 addition to funding for nonrecurring maintenance is  
9 absolutely necessary.

10       I will give you one example. The VA in West Haven, the  
11 hospital there, has antiquated infrastructure in its  
12 operating rooms, so that they are functioning right now at  
13 about 30 percent of capacity. They were completely  
14 incapacitated for 3 months because of flooding. They are  
15 now operating at 30 percent of capacity because they lack  
16 the equipment necessary to sterilize the tools and equipment  
17 used in surgery.

18       Think of it for a moment. As many as two out of three  
19 veterans needing surgery are either delayed or sent  
20 elsewhere because the VA hospital in West Haven cannot clean  
21 the tools and equipment they need for surgery. They are  
22 going to lose their certification. They are going to lose  
23 docs who want to work there. The strength of veterans'  
24 health care is the docs and staff and administrative  
25 personnel, the talent, that it can attract. If they cannot



1 sterilize tools and equipment, what can they do?

2 Well, what is the solution? A new facility. That is 5  
3 years away, according to the VA most optimistic projection,  
4 5 years away for a permanent new facility to sterilize tools  
5 and equipment at this major hospital.

6 So, in the meantime, they have said, "Let us get a  
7 trailer. Let us get a mobile facility, stop gap,  
8 temporary." How long will that take? A year. A year. Can  
9 you believe it?

10 I do not know how common this problem is around the  
11 country, but in my view, the President's Budget Request has  
12 to address it more effectively because right now we are  
13 taking too long to provide the first-rate, world-class  
14 medicine that our veterans deserve in West Haven.

15 I know my colleagues, many of them, have shared with me  
16 their frustrations with similar kinds of capital needs; that  
17 is, the need to rebuild and renovation, the capital  
18 equipment, the infrastructure.

19 So I invite your comments. I am sorry that I have  
20 taken longer than I thought I would to talk about this  
21 issue.

22 Yes, sir.

23 Mr. Zampieri. Yes, sir. You have hit it perfect. In  
24 fact, West Haven, Connecticut, in addition to those surgical  
25 problems, the Blind Center in West Haven, which is one of

1 the original ones from 1950s, they had flood damage due to  
2 broken pipes, and we have been waiting 3 years for them to  
3 fix it.

4       So the bed inpatient count for blind rehabilitation at  
5 that facility has been reduced to like 40 percent. That  
6 Blind Center serves all of New England, blind veterans from  
7 Maine, Massachusetts, Rhode Island. That is where they are  
8 supposed to go, and the waiting times--it is because of the  
9 construction problems, and I think most of the bipartisan  
10 comments would be that, yeah, the VA does not do a good job  
11 at construction. But it still drags on and on.

12       Senator Blumenthal. I just want to finish, and I  
13 apologize for taking a little more time.

14       That comment is really so important and compelling, and  
15 I thank you for it.

16       I also want to make clear that what I have said here is  
17 in no way a criticism of the dedicated doctors, physicians,  
18 surgeons, nurses, administrative staff at the West Haven  
19 Hospital. They are working with one hand tied behind their  
20 backs, no fault of theirs.

21       The VA here in our Nation's Capital is hamstringing  
22 them because of the construction delays and impediments that  
23 it has created.

24       So I have written to the Secretary asking him  
25 personally to expedite this situation.

1 But as much as I hope that he will personally  
2 intervene, that is no solution nationwide, and your presence  
3 here today, I hope will provide a powerful impetus for us to  
4 unite on a bipartisan basis and demand better of the VA when  
5 it comes to these kinds of capital investments in our  
6 veterans care.

7 Thank you so much, Mr. Chairman.

8 Chairman Takano. Thank you, Senator Blumenthal.

9 I now recognize myself for 5 minutes.

10 With all due respect to my Ranking Member, it is true  
11 that VA investments have increased, but that does not  
12 necessarily gainsay that there is a privatization agenda  
13 afoot by some.

14 We have a former Secretary of the Veterans Affairs  
15 Department in this administration, the first one that has  
16 claimed that a privatization agenda was what in part forced  
17 him out.

18 I am alarmed by the percentage increase in spending on  
19 care in the community. It is a tremendous percentage  
20 increase, and while it is less than the absolute spending on  
21 medical care, if it continues to increase at that rate, it  
22 is going to put pressure on the internal capacity of the VA.

23 Even as we have spent this money, increased amount of  
24 money, we still have 45,000 positions that remain unfilled,  
25 mainly at the Veterans Health Administration, and this is

1 very concerning.

2       The Secretary and everybody on both sides of the aisle  
3 pretty much has said, on both the House and Senate  
4 Committees, have enunciated an opposition to privatization  
5 of VA, and we are talking in particular about health  
6 services. But, in fact, careful manipulation of formulas,  
7 access standards, the way those access standards are  
8 implemented could definitely put us on a glide path very  
9 quickly toward an evisceration of the internal capacity of  
10 the VA, and what that would mean, frankly, community care is  
11 going to be more costly. And it is going to put pressure on  
12 future veteran use in terms of increased out-of-pocket cost  
13 to that veteran.

14       It is not going to be a better deal for the  
15 relationship, and it will not be a better deal for the  
16 veteran. And that is why I think so many veterans service  
17 organizations are concerned about what may be going on.

18       So, as Chairman of the Veterans' Affairs Committee on  
19 the House side, I am interested in keeping the proper  
20 proportion, the proper balance.

21       There has always been--always been a use of outside  
22 private contractors where the VA could not provide those  
23 medical services in-house, and there is not a medical  
24 network, a private medical network in this country, which  
25 does not coordinate the care in some way in a way that the

1 VA coordinates the care and builds its own physician  
2 provider base.

3 So that being said, I want to ask a question of Ms.  
4 Ramos--Ms. Alvarado-Ramos. Bienvenido.

5 As you may know, the total population of women veterans  
6 is expected to increase over the next decade, and women make  
7 up the fastest-growing cohort of veterans.

8 Knowing this, our Committee has stood up a women's  
9 health task force led by my colleague, Congresswoman  
10 Brownley.

11 What are some of the most critical needs of women  
12 veterans, and what policy recommendations can we enact to  
13 address those needs?

14 Ms. Alvarado-Ramos. Probably the highest need is on  
15 the issue of emotional wellness or behavioral health because  
16 women--because of having been a minority--and I came in 1971  
17 into military service when we were 2 percent of the military  
18 force. The issues, saw military sexual trauma, issues of  
19 being able to manage their families alone, you know,  
20 sometimes being dual service families. There is a lot of  
21 pressure on women veterans having served in which they  
22 emotional wellness issues surface, and behavioral health and  
23 emotional wellness if the root cause of a lot of the issues  
24 that we are dealing with in the States and the Federal VA--  
25 homelessness, unemployment, child abuse, in many cases

1 subject abuse.

2 And, therefore, if we are able to upstream, be able to  
3 deal while they are still no active due in ensuring that  
4 they are well as they leave the military, then that is going  
5 to transpose into the community, but if they need the  
6 services, if we need the services, it is important that the  
7 network has the capacity and also the gender-sensitive care  
8 that is needed for women to be able to get the care that  
9 they need.

10 Chairman Takano. Thank you for your response.

11 My time is up, and I want to now recognize the  
12 gentleman from South Carolina, Mr. Cunningham, for 5  
13 minutes.

14 Mr. Cunningham. Good morning. I want to thank each  
15 and every one of you all for being here this morning and  
16 sharing your time with us. That is your most valuable  
17 resource, and it means a lot that you are here.

18 I represent the First Congressional District of South  
19 Carolina, which goes from Charleston all the way down to  
20 Hilton Head. Out of all South Carolina districts, it has  
21 the highest population of veterans in the entire State, and  
22 I can tell you how proud I am to be able to claim that  
23 piece.

24 Mr. Washington, this question was for you. As we all  
25 have family members or friends who have cared for others, we

1 often realize it is the caregiver who suffers a lot as well.  
2 And sometimes attention is not placed enough on them.

3 As you know, the VA MISSION Act improves caregiver  
4 programs by providing relatives or friends who care for  
5 eligible veterans, a stipend, training, and access to health  
6 insurance and counseling.

7 While I believe we all agree our next steps should be  
8 to expand caregiver services to veterans of all--but beyond  
9 that, what else can we be doing to not only support the  
10 veterans but to support those who also support veterans, to  
11 support the caregivers and make sure they have everything  
12 that they need to care for our veterans?

13 Mr. Washington. Thank you, sir, for the question. I  
14 just want to let you know that I am also from Charleston,  
15 South Carolina, so thank you.

16 And that I think what we need to do is probably look at  
17 some kind of community-based sharing of mental health issues  
18 so that our veterans will have someone to turn to and also  
19 to make sure that the caregivers is implemented with a good  
20 oversight program to kind of keep watch on what is going on  
21 with the caregivers.

22 Again, I would like to thank the Congress. This has  
23 been an initiative that has been going back for a very long  
24 time of providing for caregivers because it takes a lot away  
25 from them to have to--a change of life for them as well,

1 too, to help that particular veteran get all the needs and  
2 care that they possibly can.

3 So I would just think a little bit more transparency on  
4 community-based health that can help these veterans out when  
5 they can.

6 Mr. Cunningham. Thank you, Mr. Washington. I hope to  
7 see you back home here soon.

8 I reserve the rest of my time and yield back.

9 Chairman Takano. You wish to yield back?

10 Mr. Cunningham. I yield back.

11 Chairman Takano. Is Senator Sinema--she left. She  
12 comes and goes.

13 [Laughter.]

14 Chairman Takano. I was like I looked. She was here a  
15 moment ago.

16 That looks like it concludes all of our questions, and  
17 I will ask Dr. Roe if he has a concluding statement.

18 Dr. Roe. Just very briefly.

19 One of the things that passed under the radar screen  
20 last March were the inclusion of all the State veteran homes  
21 that were on the backlog. That is a huge deal. I think  
22 those are tremendous. Everywhere I visited a State veteran  
23 home, those have been really well received and well done,  
24 and the veterans are well served there. So I think that got  
25 passed over very quickly.



1        Last week, I guess it was, the Chairman held a  
2 roundtable, which was the second one we have had in the last  
3 few months, on veteran suicide and what we can do to help  
4 lower that rate.

5        I got very frustrated with that. When I look back at  
6 2003 and we as a Nation were spending about \$2 billion a  
7 year, now we are spending \$8 billion a year, and the needle  
8 has not moved. I thought if we are continuing to do that,  
9 let us do something different.

10       So if you have ideas out there, please bring them to  
11 us, and we will be glad to listen to them because that is a  
12 tragedy. When you think if it is 20 people a day, that is a  
13 huge number of people in a year's time.

14       The other good news--and there is a lot of good news--I  
15 just saw where the veteran unemployment is 2.7 percent.  
16 That is remarkable to have an unemployment rate that low.

17       I will say this and with some levity, but Presidents'  
18 budgets make good doorstops. I have seen that over the  
19 years. The House and Senate appropriate the money, and we  
20 will decide how it is divided out and so forth. I think we  
21 can do that. We have been doing it for 200-plus years.

22       One of the things that has been brought up--and I think  
23 Senator Blumenthal did--which was extremely important, a  
24 third part of that VA MISSION Act was the AIR Act, and that  
25 is how our VA is going to look. And I applaud the Chairman

1 for doing a 2030 view of what the VA will look like, and we  
2 even talked about what is the VA going to look like in 25  
3 years.

4 I am amazed at how fast 25 years goes by, and we should  
5 be thinking about that now because the current VA cannot  
6 look like it does now 25 years from now because the  
7 demographics of the country are changing. People are moving  
8 from the Northeast to the South and West.

9 In 2045, there are going to be 12.5 million veterans  
10 because of an all-volunteer Army as opposed to ours which  
11 was a drafted Army. So we have got to look different, and  
12 we have got to provide the services closer to where the  
13 veterans live. Instead of having the veteran travel long  
14 distances in to see the VA, put the VA out where the  
15 veterans are.

16 I agree with you, Tom, that the vet centers are great.  
17 The ones I have been in are incredibly impressive places to  
18 be.

19 I will finish by--oh, the last thing--and I 100 percent  
20 agree with this. Our practice could hire a doctor before  
21 the VA could get the paperwork signed in, and the HR  
22 Director for the VA is going to come see me this week. We  
23 are going to start working on that. They have got to speed  
24 that up. I cannot tell you how many of my colleagues have  
25 said, "Look, Phil, I want to go to work at the VA, but I

1 have got to pay my bills," and so this is nurses, doctors,  
2 PAs, other people that make the VA function as it should be.  
3 I hear you loud and clear.

4 Again, thank you all for being here.

5 Mr. Chairman, thank you for allowing me to say a few  
6 closing words.

7 I just appreciate what each and all of you do every day  
8 for our Nation's veterans.

9 I yield back.

10 Chairman Takano. Thank you, Dr. Roe, and I am very  
11 happy to hear you are going to see the HR Director. I hope  
12 you will pass on to me whatever you learn about what seems  
13 to be the impediments in the hiring process. I hear  
14 anecdotal stories all the time about people applying,  
15 doctors, specialists that are applying for jobs at the VA  
16 that are posted, and they do not hear back.

17 As you know, a specialist, they are highly sought  
18 after. There are shortages in private-sector medicine, and  
19 as I have said many times before, in my part of California,  
20 Inland California, we have a shortage of both family  
21 physicians and specialists as well as medical professionals  
22 of all different stripes.

23 In the context of that shortage, of course, it is going  
24 to be difficult for the VA to fill its vacancies in areas  
25 such as mine, and increased choice, an emphasis on choice,

1 does not solve the problem because veterans are going to  
2 face long wait times and access issues, even if they are  
3 referred out into the community.

4       Even with the full employment we have, we have a skills  
5 gap, a credentialing gap, a professionalization gap, and we  
6 have an opportunity to upgrade our workforce, especially our  
7 medical workforce. And I think we need to--and this is  
8 something you and I have discussed many times--is our mutual  
9 interest in a graduate medical school education, and I would  
10 take it further. We need to provide opportunities,  
11 affordable opportunities for more Americans to work in these  
12 health professions, to serve our veterans, but to serve our  
13 Nation, frankly. We have communities all over this country  
14 that are facing these challenges.

15       With that, I will conclude my remarks.

16       Thank you all for the work you do on behalf of our  
17 veterans, and what I love about my work is that the  
18 solutions we find are for homeless veterans, for women  
19 veterans, for Native American veterans, for homeless  
20 veterans. There are templates for solving those issues with  
21 the public at large.

22       So thank you for the work you do, and with that, these  
23 proceedings are adjourned.

24       [Whereupon, at 11:35 A.M., the Committee was  
25 adjourned.]